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I hereby	revoke all previous powers of attorne	y given in the above	-identified ap	plication.	ાં≪્લ (
OR	Power of Attorney is submitted herewi sereby appoint the practitioners associ		mer Number:	28120		
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Telephone	(617) 951-7000		Fax (617) 951-7050		
X As	the: plicant/Inventor. signee of record of the entire interest. atement under 37 CFR 3.73(b) is encic	See 37 CFR 3.71. osed. (Form PTO/S.	B/96)		-	
		Applicant or Assi	gnee of Reco	ərd		
Name	Name: Kurt W. Loockwood Title: Assistant Secretary Scimed Life Systems, Inc. One SciMed Place Maple Grove, MN 55311-1566	3				
Signature	1	~~l	<u> </u>			
Date	March 13, 201)4 T	elephone	508-650-867	4	
NOTE: Signatures of all the inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total of1 forms are submitted.						
I hereby certily that this correspondence is being deposited the U.S. Rostal Service with sufficient nostage as First Gleep Mail, in an accordance addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: 3/8/04 Signature: Commissioner Ruan (Joanno Ryan)						
Dated:	Signature:	Journe R	yan	(Joanne Ryan)		-